

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XUUO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

1423 <i>E.</i> Owner	Town nent Addre Oak 5	<u>Cor</u> ss (nu 7.	Amons Imber and street, city, state, zip code) Nor Alban, 1 47157	Telephone Number 812 945 8764 812 945 8764 Purpose:	1 . 1		PERMIT # 19 - 195 se Date days
Responsible Certified F	e Person's	E-ma	il e	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC R		
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" 							
Section#	C/NC	R	Narrative	MIMIARY OF VIOLATIONS" AF	ND IN THE I		
422	NC			CI	To Be Corrected By		
			Obtend volvatur conts on stond -discussed installing extra hanging				
Received by	moth	title p	Wood Cooldnata	Inspected by (name and title properties A.). I	rinted):	(EHS)	
Received by (signature):				Inspected by (signature):			
co:	-		ec:		ce;		